OHI *News You Can Use*

CRAIG'S CORNER

Do you spend time in reflection?

Seriously, do you spend a few minutes each day thinking about the services you provide and the recipients of those services? Do you ever sit back and assess ways to improve processes or products? Perhaps taking time for this kind of reflection seems like a luxury you simply ca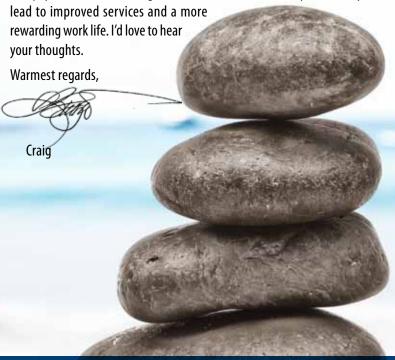nnot afford. After all, our schedules are overbooked with meetings, phone calls, travel, unexpected shifts in priorities, and interruptions. Add to this the ongoing challenge of keeping up with e-mail correspondence and you might tell me you just don't have time to think!

As I read the articles in this Issue, I found myself reflecting on how we use time in our work lives, especially when faced with a major challenge, such as the disruption and subsequent testing of BHIE*, earlier this year (feature article, page two). I began to think about the importance of time spent developing clear, well thought out communications, for example explaining the impact of proposed legislation to various audiences (see Meaningful Use article on page three). This introspection led to thoughts of our Veterans, Servicemembers, and their families and the critical services we provide to improve the quality of their lives.

I felt pride when I read about the grant awarded to My Health*e*Vet to increase rural health access (page four) and reverence when I read about the recent experience of several members of my staff after reaching out

and spending time with some of our customers (see Connecting with Our Mission on page four).

I invite you to take time now, to slow the pace of your day and reflect on the information in this issue. Consider setting aside time later today to think about your contributions in service to each other and our Nation's Veterans. Consider how you could improve upon those services. Starting today, make it one of your top priorities to spend some quiet time in reflection from this day forward. I think you'll find this simple exercise will pay dividends resulting in clearer direction that may ultimately lead to improved services and a more rewarding work life. I'd love to hear your thoughts.

Warmest regards,

Craig

IN THIS ISSUE

Craig's Rules® *"If things are going wrong, over communicate, over inquire. Those closest to the disaster will not see the forest as they fight falling trees. Assumptions and limited understanding of the true scope or limits will hurt the ability to reach an equitable outcome quickly."*

BHIE Reactivated in CPRS on June 11, 2010!

The Bidirectional Health Information Exchange (BHIE) returned to full production operations on June 11, 2010, after an unprecedented three-month shutdown. In March, access to Department of Defense (DoD) medical records in VA's Computerized Patient Record System (CPRS) via the BHIE framework was disabled. Patient Safety Alert AL010-06 was issued by the VHA Office of Health Information (OHI) IT Patient Safety Office and National Center for Patient Safety. This alert notified VHA clinical staff of the potential for display of incorrect crossed patient data and inconsistencies in data displayed when accessing DoD records using CPRS Remote Data Views or VistAWeb. At that time, queries for DoD patient data may have displayed no data, a subset of data, incorrect data, or the complete data. VA clinicians may have seen a patient's DoD data during one session, but during a subsequent session, the same data previously seen may not have displayed. While no patient harm had been reported, the potential existed for decisions regarding patient care to be made using incorrect or incomplete data. Based on this possibility, on March 1, 2010, VA's access to DoD electronic data

through the BHIE framework was blocked and emergency testing was initiated.

A VA technical team was formed to analyze data sets and identify technical solutions. Based on the analysis of data captured in February 2010, the crossed patient data error was isolated to VA's Station 200* portion of BHIE and a technical solution was developed. However, since the error could not be reproduced in the test environment, an alternate test method was needed to verify that the repair would correct the defect. Additionally, the crossed patient data was only observed during peak production loads. Approval was granted to isolate the production environment and reconfigure it as a test environment using a load generator to simulate production load.

Testing was conducted in three phases. In the first phase, the crossed patient data defect was reproduced, the repair was then applied. In the second phase, the repair was validated. The final phase consisted of regression testing to ensure no adverse effects were inadvertently created in other BHIE features. During four weeks of testing activity, with before and after code repairs being applied to the

BHIE production environment, the test team confirmed the crossed patient data defect was repaired. The repair reduced the frequency of inconsistent data however it did not eliminate this problem. After further analysis, the remaining data inconsistencies observed were directly related to DoD data source availability to the BHIE framework.

At this point, VHA clinical, business and technical leaders along with test team members made a joint recommendation to the Under Secretary for Health (USH) to return BHIE to production operations. The USH approved the recommendation to reactivate BHIE with the stipulation that the BHIE test team would implement a monitoring program to ensure the integrity of data being exchanged and continue to seek technical improvements to reduce the frequency of inconsistent data. On June 11, 2010 BHIE was returned to full production operations.

Any updates on BHIE will be posted on the OHI Intranet site at http://vaww4.va.gov/vhaoi

The BHIE Station 200 is a VistA database system that serves as the linkage between VA Medical Centers and the VA and DoD medical interface.

Report on Meaningful Use

The American Recovery and Reinvestment Act (ARRA) included $19.2 billion which is intended to be used to increase the use of Electronic Health Records (EHR) by private sector physicians and hospitals. This portion of the bill is called the Health Information Technology for Economic and Clinical Health Act (HITECH). Because the Department of Veteran Affairs (VA) has been enjoying gains of EHR use for a long time, HITECH does not immediately impact VA.

Private sector health care providers will be eligible for increased Medicare and Medicaid payments beginning in 2011, if they demonstrate Meaningful Use of their certified health information technology (HIT). The payments end after 2015 when HIT should be broadly adopted. The process to define Meaningful Use included conducting National Committee on Vital and Health Statistics (NCVHS) hearings, hosting feedback sessions with providers/organizations, receiving comments from Federal Departments and the Office of Management and Budget (OMB), obtaining their recommendations from the ARRA HIT Policy Committee (HITPC) and public comments on HITPC recommendations. Revisions to the definition were based on public comments on the Meaningful Use Proposed Rule.

VA provided input on the Meaningful Use provisions through the formal rule making process as well as through its participation in the ARRA mandated HIT Policy Committee and Standards Committees represented by Dr. Stephen Ondra and Linda Fischetti, respectively. The final rule for Meaningful Use was published on July 28, 2010.

The goal for meaningful use is a gradual approach to encouraging HIT data captures (order entry), then data use (clinical reminders) and eventually to electronically capture outcomes, report quality measures and use the data to track patients' medical conditions. This gradual approach is being implemented in three stages. The Health Outcome Priorities of stage one of Meaningful Use are to improve quality, safety, efficiency, and reduce health disparities; engage patients and families in their health care; improve care coordination; improve population and public health; and ensure adequate privacy and security protections for personal health information.

Stages two and three of Meaningful Use will be proposed through future rulemaking and will expand upon Stage 1 criteria. See current information on Meaningful Use at http://www.cms.gov/EHRIncentivePrograms .

VA Online Site Registers
1 Millionth User

At 1:12 p.m. CST on May 11, five Veterans and one VA employee registered within seconds of each other propelling My Health*e*Vet to 1 million registrants. These six new users—ranging in age from 25 to 63, residing in Alabama, California, Ohio, Oregon, and Virginia—represent the wide range of users on VA's award-winning Personal Health Record which averages over 19,000 registrants each month. At any given time, registrants can log on, receive access, and validate their status. This milestone highlights how My Health*e*Vet captures registrant data simultaneously.

My health*e*vet

Online

My Health, My Care: 24/7 Access to VA

Secretary of Veterans Affairs Eric K. Shinseki said, "VA's health care professionals are dedicated to improving the health of our Veterans and the growth of My Health*e*Vet shows that the people who know us best—our Veterans—are attracted to the quality of VA's health care system."

In August, My Health*e*Vet will launch a new registration video and campaign focused on In-Person Authentication. Access the new video and campaign materials at: **www.myhealth.va.gov**

Connecting with Our Mission: One Team's Experience

This May, OHI's Health Information Access (HIA) team held a meeting in Arlington, Texas, focusing on our philosophy of thinking like the client, the Veteran. HIA manages access to VA's electronic health record system, and Veterans Service Organizations (VSOs) are one of the largest groups to request this access. The HIA team was honored to have as a guest speaker Roberto "Bobby" Barrera, National Commander, Disabled Americans Veterans. Commander Barrera relayed his heart-wrenching but uplifting story of surviving an attack while on a patrol mission in Vietnam. Although he was burned, lost his arm, and suffered from depression, Bobby spoke of the ways in which he triumphed over tragedy and of his appreciation for the services provided by VA personnel.

We also visited the Dallas Fort Worth National Cemetery where we were welcomed by Director Ronald Pemberton. While there, we received a tour of Memorial Day preparations and assisted in setting the tombstones ("bump-and-run") and other volunteer activities. The team agreed that the visit to the cemetery was "an eye-opening experience" of giving back to those who served our Nation. Our experiences offered new insight into the invaluable work our partners across VA do every day, reminding us of our commitment to serve Veterans through all phases of life.

Story contributed by Christopher Rasmussen, John Sacco, and Charlie Stroup; OHI Health Information Access Program

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Tech Talk

Login

Username:

Password:

Submit

Top 10 Worst Passwords*

"Everyone needs to understand what the combination of poor passwords means in today's world of automated cyberattacks: With only minimal effort, a hacker can gain access to one new account every second — or 1,000 accounts every 17 minutes…"

1) 123456	3) 123456789	5) iloveyou	7) rockyou	9) 12345678
2) 12345	4) Password	6) princess	8) 1234567	10) abc123

Check out the best password strategies at http://www.1105newsletters.com/t.do?id=5342022:492388

Excerpt: http://gcn.com/Articles/2010/07/28/DHS-official-ponders-agency-cybersecurity-role.aspx

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My Health*e*Vet and Rural Health Access

The Department of Veterans Affairs (VA) Office of Rural Health awarded a grant to the Office of Health Information (OHI) to improve Veteran access to care by engaging them to co-design improvements to My Health*e*Vet. OHI's Chief Health Informatics Office, Emerging Health Technologies Office and Veteran/Consumer Health Informatics Office conducted working sessions with Veterans in five rural communities. Veterans suggested changes to My Health*e*Vet , VA's online Personal Health Record, including navigation and search capabilities. Veterans requested the inclusion of additional information from their electronic health record into My Health*e*Vet and identified features they desired in a mobile version. Design changes were made in real time at the sessions using a visual simulation modeling tool that enabled the Veterans to "experience" the user interface during the design process. Some of the key features requested include creation of a user-customizable dashboard that offers "one-stop shopping" for the most highly desired information. This includes the ability to view, graph, and print information such as lab results and a community forum where Veterans and caregivers can discuss topics of interest such as post traumatic stress disorder. An additional grant has enabled this work to continue.